

# PROTÉGÉ WEB SURPLUS

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Request for ID and Password

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Request to delete user

PLEASE PRINT OR TYPE

Date of Request: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Extension: \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_

Agency Head/President/Chairman or Comparable Authorized Official

## REQUEST FOR ID AND PASSWORD

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Extension: \_\_\_\_\_

## REQUEST TO DELETE USER

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

## \* LPAA USE ONLY \*

User Id Assigned: \_\_\_\_\_

Password Assigned: \_\_\_\_\_